

but took cough mixtures and used a boracic lotion for bathing his eyes. In treating his parties for scabies to enable them to leave the country for England, he certainly assisted me in every way, so that under these particular circumstances he seemed to realize that there were limitations to his own system of treatment. If his followers in the remote areas would also realize those limitations there would not be the passive resistance in some quarters that obstructs the great work the nurses are doing.

I often wonder whether the general public realizes that the Health nurses to the Maoris, besides watching over the Maori population, are safeguarding them in preventing the spread of infection, and by so doing are easing the burden of the Hospital Boards and the ratepayers.

NATIVE HEALTH INSPECTORS.

We have now, nominally, only one Inspector of Health devoted to Maori work, and even he does a considerable amount of European work. As an expert in dealing with Maori conditions, his services are utilized in special cases throughout the North Auckland Peninsula. However, the European Inspectors of Health are well acquainted with the organization of the Maori Councils, and utilize their assistance wherever necessary. The Maori Health Councils are also in touch with local Inspectors, and good co-operation exists between the two branches of the service.

SECTION 2.—ANTHROPOLOGY.

PHYSIQUE OF THE MAORI.

It is held in many quarters that the physique of the Maori race has deteriorated since contact with civilization. As the present-day full-blooded Maori lives in the same climate, with probably better housing and certainly a more plentiful food-supply, it is difficult to see why physical deterioration should exist. The statement, like many others of a similar nature, is at present incapable of scientific proof. This is due to the fact that in the past no physical measurements of the people were taken. There are no two sets of data to compare with one another. As the same question is sure to arise in the future, I endeavoured to supply data for the present generation by making anthropometrical measurements of 424 full-blooded Maoris of the Maori Battalion whilst returning from the war. This data has been worked up and published in the *Journal of the Polynesian Society*, the concluding article appearing last December in Vol. 32, No. 4. As it will be of scientific as well as sentimental value to note in the future what effect improved sanitation and health administration will have on the physique of the race, I have no diffidence in referring to a few of the following average measurements: Weight, 11 stone 10 lb.; height, 5 ft. 7.3 in.; sitting height, 36.2 in.; chest, anti-posterior diameter, 7.8 in.; chest, lateral diameter, 11.0 in.; chest circumference, 35.2 in.; Upper-arm circumference (uncontracted), 11.5 in.; thigh circumference (uncontracted), 21.1 in.; calf circumference (uncontracted), 14.9 in.

When it is remembered that the men weighed were in the "pink" of training, without much superfluous flesh (which the Polynesian readily puts on), the average of 11 stone 10 lb. is fairly high. The height of over 5 ft. 7 in. places the Maori, like his Polynesian kinsmen, amongst the taller races of the world. The proportion of sitting height to standing height (53.8) is high, and thus gives the Maori proportionally a longer body and shorter legs than is usual with his European fellow-colonists. The chest-measurements were taken with the chest at rest between full expiration and full inspiration. The three purely muscular measurements given were taken without contraction. It is obvious, of course, that contraction of the muscles would materially increase the measurements.

For the further measurements showing the proportions of the head, face, nose, and limbs, and the general characters as regards hair and skin colour, reference may be made to the articles mentioned. Their significance can only be appreciated after a sufficient number from each tribe has been measured.

As the sciences of anthropology and hygiene must be intimately associated in working for the proper understanding and betterment of Native races, I take it that it is the duty of the Division of Maori Hygiene to follow up the line of investigation already initiated by my division.

TE RANGI HIROA,
Director, Division of Maori Hygiene.

PART VIII.—HEALTH DISTRICTS.—EXTRACTS FROM ANNUAL REPORTS OF MEDICAL OFFICERS OF HEALTH.

SECTION 1.—AUCKLAND HEALTH DISTRICT.

Dr. T. J. HUGHES, Medical Officer of Health; Dr. J. BOYD, Assistant Medical Officer of Health; Dr. H. CHESSEON, Relieving Medical Officer of Health.

ADMINISTRATION.

A great deal of work has been put in the improvement of the general sanitary condition of the district, and local bodies have shown willingness to co-operate with the Department in this very necessary work. As a consequence an all-round improvement has been effected. Sanitary and rubbish collection and disposal services have received special attention, existing services being greatly